

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		2				
9		1				
10		1				
11		1				
12		1				
13	1					
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		2				
21		1				
22		1				
23		1				
24		1				
25		1				
26	1					
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		2				
34		1				
35		1				
36		1				
37		1				
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		2				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58	1					
59		1				
60		1				
61		1				
62		1				
63		1				
64	1					
65		1				
66		1				
67		1				
68		1				
69		1				
70		2				
71						
72						
73						
74						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

6
69
75